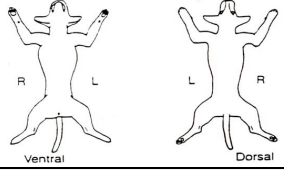


**TEXAS VETERINARY PATHOLOGY ASSOCIATES
 PATHOLOGY SUBMISSION FORM
 MAIL OR DELIVER SAMPLES TO
 2560 BOARDWALK
 SAN ANTONIO, TEXAS, 78217
 (830) 237-2955**

Species / Breed / "Name" Owner			SUBMITTED BY	
SEX	AGE	WEIGHT	CLINIC ADDRESS / FAX/ E-MAIL (only needed with first submission)	
DATE AND HOUR OF DEATH/BIOPSY or FNA			DESIRED REPORT DELIVERY: <input type="checkbox"/> FAX <input type="checkbox"/> E-MAIL <input type="checkbox"/> US MAIL PRELIMINARY PHONE CALL <input type="checkbox"/> YES <input type="checkbox"/> NO	
CLINICAL HISTORY (<i>Location, Duration, Size, Other pertinent history</i>)				
FOR TEXAS VETERINARY PATHOLOGY USE ONLY				
ACCESSION NUMBER	DATE ACCESSIONED	REPORT DATE	STAINS REQUESTED	NUMBER OF SLIDES CHARGED